



William S. Hart Union High School District 2019 Summer School Vacation Request

To: Tracy Glen, Summer School Coordinator

Date: _____

From: _____

Site/Dept.: _____

I am requesting vacation for ____ days, from _____ to _____
Date Date

Notes / Comments:

(Please explain the special circumstance that would warrant approval of vacation during summer school)

Signature of Employee:

Date:

Signature of Principal / Administrator:

Date:
